| Effective October 1, 2003 10 796, 543 | | | | | | | | | | | | | |
|--|--|---|--------------|--------------------------------------|------------------|------------------|---|--|--|------|--------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY | | | | | |
| T | OTAL CLAIMS | s · <u>93</u> | | | | | | RATE | FEE | ٦ | RATE | FEE | |
| FOR () | | | NUMBER FILED | | NUMBER EXTRA | | 1 | BASIC FE | € 385.00 | OR | BASIC FE | F 770.00 | |
| Ţſ | OTAL CHARGE | ABLE CLAIMS | 23 minus 20= | | • 3 | |] | X\$ 9= | | | X\$18= | 54 | |
| INDEPENDENT CLAIMS | | | 4 minus 3 - | | | | | X43= | | OR | X86= | 86 | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | +145= | † | 7 | +290= | NB. | |
| * If the difference in column 1 is less than zero, enter "0" in column | | | | | | | | TOTAL | + | OR | TOTAL | 910 | |
| | (| | TOTAL | | 70~ | | | | | | | | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUME PREVIO PAID F | ER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| MON | Total | .23 | Minus | -23 | 3 | | | X\$ 9= | | OR | X\$18= | | |
| AME | Independent | | | <u> </u> | | • | | X43= | | OR | X86= | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +145= | | OR | +290= | | |
| 11,8,18,16,22 | | | | | | | L | TOTAL | _ | | TOTAL | | |
| 11-15-6 (Column 1) (Column 2) (Column 3) | | | | | | | | ODIT. FEE | <u> </u> | | ADDIT. FEE | <u> </u> | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUMB PREVIOI PAID F | ST ER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| 2 | Total | • 7 | Minus | - 2 | 3 | • \ ' | | X\$ 9= / | | OR | X\$18 ₌ | | |
| AM | Independent | MIATION OF MI | Minus | PENDENT (| 7 0124 | - | | X43= | | OR | X86= | | |
| 1 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +145= | | OR | +290= | | |
| ٠, | 1 | | | | | | | | . ·. V | OR . | TOTAL | -4- | |
| | | (Column 1) | | (Columi | r 2) | (Column 3) | | DOIT. FEE I | | | DUII. PEEI | | |
| ENIC | | CLAIMS REMAINING AFTER AMENDMENT | • | HIGHE NUMBE PREVIOU PAID FO | ER ISLY | PRESENT EXTRA | ſ | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| AMENDMENT | Total | | Minus | | | • | | XS 9- | | | X\$18= | | |
| | Independent | | Minus | | | - | H | X43- | | OR | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | - | OR | X86= | | |
| +145= OR +290= If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 30, enter "20. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | | |
| V004 | | | | | | | | _ · · · | | • | | • | |

Application or Docket Number